

Warning - State Law.
Use of contents for
commercial solicitation
is unlawful

Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report

Investigation Completed

Investigation Made at Scene

Photographs

| | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Y | N | Y | N |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Revised | <input checked="" type="checkbox"/> | Fatality | <input checked="" type="checkbox"/> |
| Hit and Run | <input checked="" type="checkbox"/> | | |

| | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|---|--------------------|-----------------|----------------|-----------------------------|---------------------------------|---|--|---|---|---|--|--|--|---|
| (1) Reporting Agency NORMAN POLICE DEPARTMENT | | Case Number (Agency Use) 2018-00096895 | | Motor Vehicles Involved 02 | Number Injured 00 | Number Killed 00 | | | | | | | | | | | | | | |
| (2) Date of Collision (mm/dd/yyyy) 12/24/2018 | | Time 1458 | County Number and Name 14 CLEVELAND | Nearest City or Town Number and Name In <input checked="" type="checkbox"/> 20 NORMAN | | | | | | | | | | | | | | | | |
| (3) Distance from Nearest City or Town Limits ML <input type="checkbox"/> Ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Control # <input type="checkbox"/> Int ID <input type="checkbox"/> Location <input type="checkbox"/> East Grid <input type="checkbox"/> North Grid <input type="checkbox"/> Administrative <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| (4) Street, Road or Highway GREENWOOD DR | | Distance from At 0508 | | (Nearest) Intersecting Street, Road or Highway CROSSROADS BLVD | | | | | | | | | | | | | | | | |
| (5) Unit 01 | Occupants 00 | Type D | Hit & Run CMV <input type="checkbox"/> | Last Name MAUPIN | First DEBORAH | Middle NICOLE | | | | | | | | | | | | | | |
| (6) Address 708 MCCONNELL DR | | City YUKON | State OK | Zip 73099 | Telephone (Use Area Code) 9 | | | | | | | | | | | | | | | |
| (7) Driver License Number | | State OK | Class D | Endorsement(s) 0 | Restriction(s) 0 | Inj. Sev. 00 | | | | | | | | | | | | | | |
| (8) Ejected 0 | | Extricated 0 | Test 5 | (% BAC) 0 | Transported by To Medical Facility | License Plate Number OK 02 2019 | | | | | | | | | | | | | | |
| (9) VIN 2005 | | Vehicle Year 2005 | Color SIL | 2nd Color 0 | Make HOND | Model ACCO | | | | | | | | | | | | | | |
| (10) Insurance Company Name STATE FARM INS | | Policy Number | Insurance Telephone (Use Area Code) | | | | | | | | | | | | | | | | | |
| (11) Vehicle Removed by OTHER (SEE NARR) | | Owner's Last Name First Middle Suffix | | | | | | | | | | | | | | | | | | |
| (12) Owner's Address City State Zip | | Towed Veh. Type Oversized Load <input type="checkbox"/> 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input type="checkbox"/> Phone in use <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| (13) Citation Number | | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number | | | | | | | | | | | | | | | | |
| (14) Unit 02 | Occupants 01 | Type D | Hit & Run CMV <input type="checkbox"/> | Last Name HARRELL | First JAMES | Middle | | | | | | | | | | | | | | |
| (15) Address | | City | State OK | Zip 73071 | Telephone (Use Area Code) 4053211600 | | | | | | | | | | | | | | | |
| (16) Driver License Number | | State OK | Class B | Endorsement(s) 0 | Restriction(s) 1 | Inj. Sev. 01 | | | | | | | | | | | | | | |
| (17) Ejected 1 | | Extricated 1 | Test 5 | (% BAC) 0 | Transported by To Medical Facility | License Plate Number OK 12 2019 | | | | | | | | | | | | | | |
| (18) Insurance Company Name | | Policy Number | Insurance Telephone (Use Area Code) | | | | | | | | | | | | | | | | | |
| (20) Vehicle Removed by CITY OF NORMAN | | Owner's Last Name First Middle Suffix | | | | | | | | | | | | | | | | | | |
| (21) Owner's Address 201 W GRAY ST | | City NORMAN | State OK | Zip 73069 | Towed Veh. Type Oversized Load <input type="checkbox"/> 00 Rolled <input type="checkbox"/> Burned <input type="checkbox"/> Phone present <input checked="" type="checkbox"/> Phone in use <input type="checkbox"/> | | | | | | | | | | | | | | | |
| (22) Citation Number | | Statute/Ordinance Number | Citation Number | Statute/Ordinance Number | | | | | | | | | | | | | | | | |
| (23) Investigating Officer STEELE | | Badge Number 1641 | Trp/Div. Assigned | Trp/Div. Location | Reviewer (Init.) TW | Reviewer Badge Number 0615 | | | | | | | | | | | | | | |
| Date of Report (mm/dd/yyyy) 12/24/2018 | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>Unit Type</td><td>Injury Severity</td><td>Type of Injury</td><td>Driver/Pedestrian Condition</td><td>Occupant Protection (OP) in Use</td></tr><tr><td>0 Driver 1 Pedestrian 2 Conveyance 3 Bicyclist</td><td>0 N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 6 Unknown</td><td>0 N/A 1 Head 2 Trunk 3 Internal 4 Arms 5 Legs 6 Unknown</td><td>00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Sweat 04 Illegal Drugs 05 Under the Influence of 06 Medications 07 Drowsy 08 Ill (Sick) 09 Drowsy/Faint 10 Emotional 11 Other 99 Unknown</td><td>00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Harness 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown</td></tr></table> | | | | | | | Unit Type | Injury Severity | Type of Injury | Driver/Pedestrian Condition | Occupant Protection (OP) in Use | 0 Driver 1 Pedestrian 2 Conveyance 3 Bicyclist | 0 N/A 1 No Injury 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal 6 Unknown | 0 N/A 1 Head 2 Trunk 3 Internal 4 Arms 5 Legs 6 Unknown | 00 Not Applicable 01 Apparently Normal 02 Drinking - Ability Impaired 03 Odor of Alcohol/Sweat 04 Illegal Drugs 05 Under the Influence of 06 Medications 07 Drowsy 08 Ill (Sick) 09 Drowsy/Faint 10 Emotional 11 Other 99 Unknown | 00 Not Applicable 01 None Used 02 Lap Belt Only 03 Shoulder Belt Only 04 Shoulder and Lap Belt 05 Child Restraint Type Unknown 06 Restraint Used - Type Unknown 07 Harness 08 Child Restraint - Forward Facing 09 Child Restraint - Rear Facing 10 Booster Seat 11 Other 99 Unknown | | | | |
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DPS: 0192-01 REV 0107

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|-----------------------------|---|---|-------------|------------|----------------|---------------------|---------------|------------------|-----|
| (24) Unit | Injured <input type="checkbox"/> Witness <input type="checkbox"/> | Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex |
| (25) Address | City State Zip Telephone (Use Area Code) | | | | | | | | |
| (26) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type | | |
| (27) Unit | Injured <input type="checkbox"/> Witness <input type="checkbox"/> | Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex |
| (28) Address | City State Zip Telephone (Use Area Code) | | | | | | | | |
| (29) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type | | |
| (30) Unit | Injured <input type="checkbox"/> Witness <input type="checkbox"/> | Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex |
| (31) Address | City State Zip Telephone (Use Area Code) | | | | | | | | |
| (32) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type | | |
| (33) Unit | Injured <input type="checkbox"/> Witness <input type="checkbox"/> | Passenger <input type="checkbox"/> Prop. Owner <input type="checkbox"/> | Pos in Veh. | Last Name | First | Middle | Suffix | DOB (mm/dd/yyyy) | Sex |
| (34) Address | City State Zip Telephone (Use Area Code) | | | | | | | | |
| (35) Injury Severity / Type | OP Use | Air Bag | Ejected | Extricated | Transported by | To Medical Facility | Property Type | | |

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

| | | | |
|----------------------|--------------------|----------------|-----------------|
| (36) Unit | Carrier Name | Address | |
| (37) City | State | Zip | |
| (38) U.S. DOT Number | NASI Report Number | Placard Number | Haz. Mat. Class |
| | OK | | |
| (39) Unit | Carrier Name | Address | |
| (40) City | State | Zip | |
| (41) U.S. DOT Number | NASI Report Number | Placard Number | Haz. Mat. Class |
| | OK | | |

| | | |
|--|---|---|
| Position in Vehicle 00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab See manual for additional seating examples | Vehicle Configuration 00. N/A 01. Passenger Veh. 2 Dr 02. Passenger Veh. 4 Dr 03. Passenger Veh. Conv. 04. Pickup 05. Single Unit Truck, 2 axles 06. Single Unit Truck, 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor/Semi-Trailer 11. Truck-Tractor/Double 12. Truck-Tractor/Triples 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Motorcycle 16. Motor Scooter/Moped 17. Motor Home 18. Farm Machinery 19. ATV 20. SUV 21. Passenger Van 22. Truck more than 10,000 lbs., Cannot Classify 23. Van 10,000 lbs. or Less 24. Other 99. Unknown | Cargo Body Type 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 99. Unknown |
|--|---|---|

| Unit | Total Lanes in Roadway | Legal Speed | Pedestrian / Pedalcyclist Only | | | | Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) | | |
|--|------------------------|-------------|--------------------------------|--------|--------|--------|--|------------------------------|--|
| Unit 1 | Unit 2 | Unit 1 | Unit 2 | Unit 1 | Unit 2 | Unit 1 | Unit 2 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 01 | 02 | 15 | | | | | | | |
| 02 | 02 | 15 | | | | | | | |
| Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 9 Unknown | | | | | | | | | |
| Weather 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sleet/Hail (Freezing Rain/Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown | | | | | | | | | |
| Locality 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown | | | | | | | | | |
| Type of Intersection 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchange 5 Traffic Circle 6 Roundabout 9 Unknown | | | | | | | | | |
| Incident Type 00 Not an Incident 01 Private Property 02 Deliberate Intent 03 Medical Condition 04 Legal Intervention 05 Suicide 06 Drowning 07 Other | | | | | | | | | |
| Location of First Harmful Event 01 On Roadway 02 Shoulder 03 Median 04 Roadside 05 Gore 06 Separator 07 Parking Lane/Zone 08 Off Roadway, Location Unknown 09 Outside Right-of-Way 10 Other 99 Unknown | | | | | | | | | |
| What Vehicle Was Going to Do 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown | | | | | | | | | |
| What Vehicle Did 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered "U" Turn 05 Stopped 06 Slowed 07 Started From Park/Stop 08 Entered Other Lane 09 Overtaking 10 Passing 11 Backed 12 Remained Stopped 13 Remained Parked 14 Entered/Merged 15 Departed Rdwy-Right 16 Departed Rdwy-Left 17 Swerved Right 18 Swerved Left 19 Parked 20 Other 99 Unknown | | | | | | | | | |
| Visibility Obscured by 00 Not Applicable 01 Trees 02 Embankment 03 Building 04 Signs 05 Parked Vehicles 06 High Weeds 07 Fences 08 Shrubbery 09 Ice, Snow or Frost on Windows 10 Smoke 11 Fog 12 Dust 13 Rain 14 Sun 15 Other 99 Unknown | | | | | | | | | |
| Driver Distracted by 0 Not Applicable/None 1 Electronic Communication Devices 2 Other Electronic Device 3 Other Inside Vehicle 4 Other Outside Vehicle 9 Unknown | | | | | | | | | |
| Underdrive/Override 0 Not Applicable 1 No Underdrive or Override 2 Underdrive, Compartment Intrusion 3 Underdrive, No Compartment Intrusion 4 Underdrive, Compartment Intrusion Unknown 5 Override, Motor Vehicle in Transport 6 Override, Other Motor Vehicle 9 Unknown | | | | | | | | | |
| Traffic Control 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signal 04 School Zone Signs 05 Yield Sign 06 Warning Sign 07 Railroad Advance Warning Sign 08 Railroad Cross Bucks 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including flagger, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown | | | | | | | | | |
| Road Surface Conditions 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown | | | | | | | | | |
| Road Character 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom) | | | | | | | | | |
| Road Alignment 1 Straight 2 Curve - Left 3 Curve - Right | | | | | | | | | |
| Road Surface Type 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown | | | | | | | | | |
| Trafficway 0 Not Applicable 1 One Way 2 Two-Way - Not Divided 3 Two-Way - Divided 4 Two-Way - Divided - Positive Median Barrier 5 Turn Lane 6 Ramp / Loop 7 Driveway 8 Alley / Parking Lot 9 Unknown | | | | | | | | | |
| Vehicle Removal 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driven from Scene 9 Unknown | | | | | | | | | |
| Vehicle Condition 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train | | | | | | | | | |
| Special Function of Vehicle 00 Not Applicable 01 School Bus 02 Transit Bus 03 Intercity Bus 04 Charter Bus 05 Other Bus 06 Military 07 OHP 08 Other Police 09 Other Law Enforcement 10 Ambulance 11 Fire Truck 12 Public Owned Vehicle 13 Highway Equipment 14 Special Mobilized Machine 15 Other | | | | | | | | | |
| Emergency Vehicle Responding to an Emergency 0 N/A 1 Yes | | | | | | | | | |
| Unsafe / Unlawful Contributing Factors 01 From Stop Sign 02 From Yield Sign 03 Private Drive 04 County Road at Through Highway 05 From Signal Light 06 From Alley 07 To Pedestrian 08 To Vehicle on Right 09 To Vehicle in Intersection 10 To Emergency Vehicles 12 Other 13 Human Element 14 Traffic Condition 15 Weather Condition 16 Driver's Ability (Aged) 17 Inexperienced Driver - Young 18 Exceeding Legal Limit 19 For Traffic Conditions 20 For Type of Roadway (Gravel, Dirt, etc.) 21 For Ice or Snow on Roadway 22 Rain or Wet Roadway 23 Wind 24 Other Weather Conditions 25 Vehicle Condition 26 View Obstruction 27 On Curve/Turn 28 Impeding Traffic 29 Other 30 From Wrong Lane 31 From Direct Course 32 Right 33 Left 34 Turn About/U-Turn 35 To Enter Private Drive 36 In Front of Oncoming Traffic 37 Other 38 CHANGED LANES UNSAFELY 39 STOPPED IN TRAFFIC LANE 40 For Stop Sign 41 For Traffic Signal 42 For School Bus 43 For Railroad Gates/Signal 44 For Officer/Flagman 45 At Sidewalk/Stopline 46 Other 47 Brakes 48 Steering 49 Tires 50 Suspension 51 Headlights 52 Tail Lights 53 Stop Lights 54 Wheel 55 Exhaust System 56 Windshield Wipers 57 Other Mechanical Defects 58 In Meeting 59 No Passing Zone (Unmarked) 60 Marked Zone 61 Other 62 In Marked Zone 63 On Hill/Curve 64 At Intersection 65 Without Sufficient Clearance 66 Other 67 On Roadway 68 Where Prohibited 69 Other 70 Distracted by Passenger in Vehicle 71 Other Distraction Inside Vehicle 72 Distraction From Outside Vehicle 73 Other 74 On One Way 75 On Exit Ramp 76 On Entrance Ramp 77 Other 78 Parked Position 79 Other 80 ALCOHOL-DUI/DWI 81 DRUG-DUI 82 Failed to Signal 83 Disregarded Warning Signal 84 Improper Use of Lane 85 Improper Backing 86 Apparently Sleepy 87 Failed to Secure Load 88 Other/Unknown 89 UNKN/NO IMPROPER ACT 90 Animal in Roadway 91 Domestic Animal in Rdwy 92 Avoiding Other Vehicle 93 Avoiding Pedestrian 94 Object/Debris in Roadway 95 Defect in Roadway 96 Abnormal Traffic Control 97 Improper Bicyclist Action 98 NO IMPROPER ACTION BY DRIVER 99 PEDESTRIAN ACTION | | | | | | | | | |
| Point of First Contact on Vehicle 08 04 Most Damaged Area 08 04 00 Not Applicable 13 Top 14 Undercarriage 99 Unknown | | | | | | | | | |

Latitude

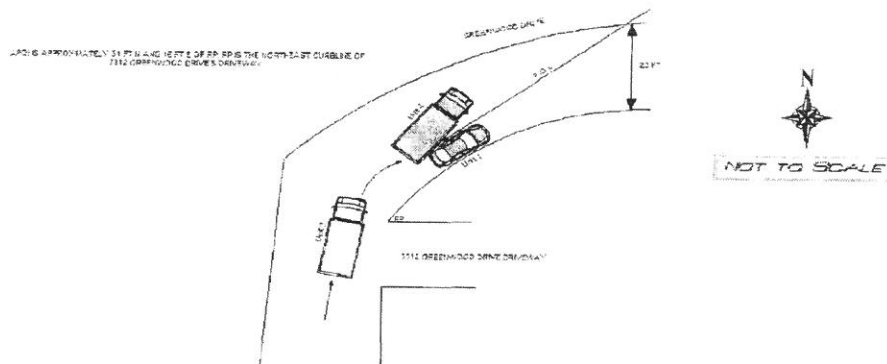
Longitude

Railroad Crossing Number

Roadway Orientation

 Unit Number 01 NE E SW

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 Unit Number 02 NE E SW


COLLISION EVENTS

| Unit | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event | First Harmful Event for the Entire Collision |
|------|-------------|--------------|-------------|--------------|--------------------|--|
| 01 | 34 | 00 | 00 | 00 | 34 | 34 |
| 02 | 35 | 00 | 00 | 00 | 35 | |

| | |
|--|---|
| 00 Not Applicable | 21 Fell/Jumped From Motor Vehicle |
| 10 Overturn/Rollover | 22 Thrown Or Falling Object |
| 11 Fire/Explosion | 23 Other Non-Collision |
| 12 Immersion | PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT: |
| 13 Jackknife | 30 Pedestrian |
| 14 Cargo/Equipment Loss or Shift | 31 Pedal Cycle |
| 15 Equipment Failure (Blown Tire, Brake Failure, etc.) | 32 Railway Vehicle (train, engine) |
| 16 Separation of Units | 33 Animal |
| 17 Departed Road Right | 34 Motor Vehicle in Transport |
| 18 Departed Road Left | 35 Parked Motor Vehicle |
| 19 Cross Median/Centerline | 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle |
| 20 Downhill Runaway | |

| | |
|-------------------------------------|-----------------------------------|
| 37 Work Zone/Maintenance Equipment | 56 Pavement Drop-Off |
| 38 Other Non-Fixed Object | 57 Ditch |
| FIXED OBJECT: | 58 Embankment |
| 40 Barrier (Cable) | 59 Tree (Standing) |
| 41 Barrier (Concrete) | 60 Dividing Strip |
| 42 Barrier (Other) | 61 Retaining Wall |
| 43 Fence Pole | 62 Bridge Abutment |
| 44 Fence | 63 Bridge Pier or Support |
| 45 Traffic Signal Support | 64 Bridge Rail |
| 46 Traffic Sign Support | 65 Bridge Post |
| 47 Utility Pole/Light Support | 66 Bridge Curb |
| 48 Other Post/Pole/Support | 67 Bridge Super Structure (Beams) |
| 49 Guardrail/Guardrail Face | 68 Bridge Overhead Structure |
| 50 Guardrail End | 69 Delineator |
| 51 Culvert | 70 Mailbox |
| 52 Curb | 71 Other Fixed Object |
| 53 Island | 72 Other Highway Structure |
| 54 Sand Barrels | 73 Ground |
| 55 Impact Attenuator/ Crash Cushion | 99 Unknown |

Remarks

UNIT 2 WAS HEADING EASTBOUND ON GREENWOOD DRIVE. UNIT 1 WAS PARKED ALONGSIDE THE CURB ON GREENWOOD DRIVE AT ABOUT 3312 GREENWOOD DRIVE. UNIT 2 COLLIDED INTO UNIT 1 WHEN TRYING TO HEAD EASTBOUND ON GREENWOOD DRIVE. MEDICAL ATTENTION WAS DENIED ON THE SCENE. UNIT 1 WAS NOT CITED FOR THE COLLISION AS UNIT 1 WAS LEGALLY PARKED. UNIT 1 REMAINED AT THE SCENE DUE TO THE HOLIDAYS. UNIT 2 DROVE AWAY FROM THE SCENE AFTER I MADE CONTACT. DUE TO THE MULTIPLE VEHICLES PARKED ON THE ROADWAY UNIT 2 AND ANY OTHER VEHICLE COULD NOT USE GREENWOOD DRIVE DUE TO LIMITED SPACE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.

